

Read each heading carefully before proceeding. Make statements simple, brief and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

**CHECK ONE:** ☐ NEW POSITION ☐ EXISTING POSITION

**PART I – Items 1 through 12 to be completed by department head or personnel office.**

1. Agency Name	9. <del>AP</del> Position Number	10. Budget Program Number
2. Employee Name (leave blank if position vacant)	11. Present Class Title (if existing position)	
3. Division	12. Proposed Class Title	
4. Section	For Use By Personnel Office	13. Allocation
5. Unit		14. Effective Date
6. Location (where employee works) City: _____ County: _____		15. By: _____ Approved: _____
7. Check appropriate time: <input type="checkbox"/> Full time <input type="checkbox"/> Permanent <input type="checkbox"/> Intermittent <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Percent: _____		16. Audit Date: _____ By: _____ Date: _____ By: _____
8. Regular hours of work FROM: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM    TO: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		17. Audit Date: _____ By: _____ Date: _____ By: _____

**PART II – To be completed by department head, personnel office or supervisor of the position.**

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position (person who assigns work, gives directions, answers questions and is directly in charge)?		
<b>Name</b>	<b>Title</b>	<b>Position Number</b>
Who evaluates the work of an incumbent in this position?		
<b>Name</b>	<b>Title</b>	<b>Position Number</b>

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made:

21. Describe the work of this position **using this page or one additional page only**. Use the following format for describing job duties:

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number each task and indicate percent of time:**

No. and %	Job Duties

22. a. If work involves leadership, supervisory or management responsibilities, check the statement which best describes the position:

- ☐ Lead worker assigns, trains, schedules, oversees or reviews work of others
- ☐ Plans, staffs, evaluates and directs work of employees of a work unit
- ☐ Delegates authority to carry out work of a unit to subordinate supervisors or managers

b. List the names, class titles and position numbers of all persons who are supervised directly by employee in this position:

Name	Class Title	Position Number
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23. Which statement best describes the results of error in action or decision of this employee?

- ☐ Minimal property damage, minor injury or minor disruption of the flow of work
- ☐ Moderate loss of time, injury, damage or adverse impact on health and welfare of others
- ☐ Major program failure, major property loss, or serious injury or incapacitation
- ☐ Loss of life or disruption of operations of a major agency

Please give examples:

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

25. What hazards, risks or discomforts exist on the job or in the work environment?

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

PART III – To be completed by the department head or personnel office.

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position:

Education – general:

Education or training – special or professional:

Licenses, certificates and registrations:

Special knowledge, skills and abilities:

Experience – length in years and kind:

28. **SPECIAL QUALIFICATIONS**  
State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee	Date	Signature of Personnel Official	Date
Signature of Supervisor	Date	Signature of Agency Head or Appointing Authority	Date